

TENNESSEE DEPARTMENT OF AGRICULTURE

3rd party Audit Cost-Share Program

The 3rd Party Audit Cost-Share Program seeks to defray the cost of 3rd Party Audit Verification for producers of Fruit and Vegetable products in Tennessee. The state will reimburse each eligible producer 50% of verification costs, not to exceed \$900 per producer per calendar year. This program was made possible by a USDA specialty crop grant.

CERTIFICATION PROCEDURE:

- Producer must be inspected by Primus, USDA or other approved agency
- In order to stay in good standing, operations must be re-inspected each year.
- The certifying agent may conduct unannounced inspections at any time to enforce the regulations.

Eligibility

- Must be Tennessee residents and operate a farm or agribusiness located in Tennessee.
- Must be 18 years of age as of application date.
- The audit(s) must be completed between June 1, 2009 and October 1, 2010.

DOCUMENTS NEEDED FOR COST-SHARE REIMBURSEMENT:

- 3rd party audit Cost Share Application
- Copy of Verification Certificate
- W-9 Form
- Invoice Statement from Certifying Agency

NEED ADDITIONAL ASSISTANCE?

Contact: Rob Beets
Tennessee Department of Agriculture
Phone: 615-837-5517
E-Mail: robert.beets@tn.gov

3rd PARTY AUDIT VERIFICATION COST SHARE APPLICATION

Applying for Cost Share Reimbursement for: **3rd Party Audit** .

Date:

Office Use Only – Date Received

APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	SSN or Federal Tax ID:
			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	

Name of Operation:	Location of Operation (County):
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Mailing address (street, town, zip):	Home Phone #:
	Cell Phone #:

Address of operation (street, town, zip), if different than above:	E-mail address:
	Website:

Total Amount of Certification Cost: \$ _____	What products do you currently produce?
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I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.

Producer Signature

Date

**Mail or
Fax to:**

**TN Dept. of Agriculture
Attn: Rob Beets
P.O. Box 40627
Nashville, TN 37204
615-837-5194**

**To Be Included In Mailing:
Copy of Certification
W-9 Form
Invoice Statement from Audit Agency**

Contact:

**Rob Beets
Marketing Specialist
615/837-5517
robert.beets@state.tn.us**

OFFICE USE ONLY

Date of Approval:

Amount Approved:

Notes: